

GRANT AWARD MODIFICATION

OFFICE OF EMERGENCY SERVICES

FORM 223 (REV. 8/04)

MAIL TO: OES CRIMINAL JUSTICE PROGRAMS
3650 SCHRIEVER AVE.
MATHER, CA 95655

(1) RECIPIENT
(2) ADDRESS NEW
(3) PROJECT TITLE

(4) CONTACT PERSON	(8) GRANT PERIOD
(5) E-MAIL ADDRESS	(9) RECIPIENT AWARD NUMBER
(6) PHONE NUMBER	(10) MODIFICATION NUMBER
(7) FAX NUMBER	

(11) REVISION TO BUDGET

CATEGORY	CURRENT ALLOCATION (ENTER ACRONYM)				PROPOSED CHANGE (ENTER ACRONYM)				REVISED ALLOCATION (ENTER ACRONYM)			
A. PERSONAL SERVICES												
B. OPERATING EXPENSES												
C. EQUIPMENT												
TOTAL												

(12) JUSTIFICATION FOR MODIFICATION

--

(13) LOCAL APPROVAL SIGNATURES			
PROJECT DIRECTOR	DATE	FINANCIAL OFFICER	DATE

(14) OES APPROVAL SIGNATURES			
PROGRAM STAFF	DATE	SECTION CHIEF	DATE
FISCAL	DATE	DEPUTY DIRECTOR	DATE

FORM 223 INSTRUCTIONS

GENERAL INSTRUCTIONS – This form must be used for the following types of modification requests:

- Budget Revisions
- Increases/Decreases to Grant Funds
- Reporting Project Income
- Change in Program Objectives
- Grant Extensions
- Sole Source Requests
- Change of Project Director or Financial Officer
- Change in Mailing Address

1. **RECIPIENT:**
Enter the recipient name as it appears on line #1 of the approved "Grant Award Face Sheet".
2. **ADDRESS:**
Enter the permanent mailing address where the recipient payments are to be mailed. Check the "NEW" box if there is a change in the address.
3. **PROJECT TITLE:**
Enter the project title as it appears on the approved "Grant Award Face Sheet".
4. **CONTACT PERSON:**
Enter the person to be contacted regarding questions on this form.
5. **E-MAIL ADDRESS:**
Enter the e-mail address for the contact person.
6. **PHONE NUMBER:**
Enter the phone number for the contact person.
7. **FAX NUMBER:**
Enter the fax number for the contact person.
8. **GRANT PERIOD:**
Enter the approved grant period giving the start and end dates for the grant award as shown on line #7 of the "Grant Award Face Sheet" or as revised by an approved grant award amendment.
9. **RECIPIENT AWARD NUMBER:**
Enter the recipient award number as it appears at the top of the approved "Grant Award Face Sheet".
10. **MODIFICATION NUMBER:**
Enter the number of this request. Each modification must be consecutively numbered starting with #1.
11. **REVISION TO BUDGET:**
If this modification affects the budget, enter the acronym (see chart below) for the Federal grant OR State program to which the modification applies in the column heading. Enter the current allocation, proposed change, and revised allocation amounts in the applicable Federal or State columns.

FEDERAL PROJECT ACRONYMS							
BVPP	Bulletproof Vest Partnership Program	FSIA	Forensic Sciences Improvement	MCPP	Mentoring Children of Prisoners	VAWA	Violence Against Women Act – Services*Training* Officers*Prosecutors(STOP)
BYRN	Byrne State / Local Law Enforce Assist	FSID	Forensic Sciences Improvement Discretionary	PSNC	Project Safe Neighborhood - Central	VOCA	Victims of Crime Act
CJAS	Child Justice Act	FVPS	Family Violence Preventive Services	PSNN	Project Safe Neighborhood - Northern		
DVCV	Rural Domestic Violence / Child Victim	LLEB	Local Law Enforcement Block Grant	RSAT	Residential Sub Abuse Treatment		
STATE PROJECT ACRONYMS							
CCA	Career Criminal Apprehension	EMT	Evidentiary Medical Training	PPD	Public Prosecution / Defend - Fund 0241	SHO	Serious Habitual Offender
CCR	Community Crime Resistance	FV	Family Violence	RCP-GF	Rape Crisis Program- Gen Fund	VDI	Vertical Defense of Indigents
CSAE	Child Sexual Abuse / Exploitation	GVS	Gang Violence Suppression	RCP	Rape Crisis Program - Fund 0425	VLRC	Victims Legal Resource Center
CSAP	Child Sexual Abuse Prev/Training	HTT	High Technology Theft	RLCP	Rural Crime Prevention	VPBG	Vertical Prosecution Block Grant
		HY	Homeless Youth				
DASS	Drug Abuse Suppression in Schools	MAGE	Multi-Agency Gang Enforcement	RP	Rape Prevention	VWA	Victim Witness Assistance
DV	Domestic Violence	PPD-GF	Public Prosecution / Defend - Gen Fund	RPED	Rape Prevention - Education	WOM	War on Methamphetamine
						YET	Youth Emergency Telephone

12. **JUSTIFICATION FOR MODIFICATION:**
Explain the need for this modification. If requesting a revision to the budget, be specific of the funding source. If additional space is required, please attach an additional sheet.
13. **LOCAL APPROVAL SIGNATURES:**
Original signatures of the Project Director and the Financial Officer as shown on the "Grant Award Face Sheet" are required on all modification requests.
14. **OES APPROVAL SIGNATURES: For OES internal use only.**

GRANT AWARD MODIFICATION

FORM 223 EZ (REV. 8/04)

MAIL TO: OES CRIMINAL JUSTICE PROGRAMS
3650 SCHRIEVER AVE
MATHER, CA 95655

(1) RECIPIENT	NEW
(2) ADDRESS	
(3) PROJECT TITLE	

(4) GRANT PERIOD
(5) RECIPIENT AWARD NUMBER
(6) MODIFICATION NUMBER

(7) CONTACT PERSON	(9) PHONE NUMBER
(8) E-MAIL ADDRESS	(10) FAX NUMBER

(11) REVISION TO BUDGET

CATEGORY	CURRENT ALLOCATION	PROPOSED CHANGE	REVISED ALLOCATION
A. PERSONAL SERVICES			
B. OPERATING EXPENSES			
C. EQUIPMENT			
TOTAL			

FEDERAL PROJECT ACRONYMS

BVPP	Bulletproof Vest Partnership Program	FSIA	Forensic Sciences Improvement	MCP	Mentoring Children of Prisoners	VAWA	Violence Against Women Act – Services*Training* Officers*Prosecutors(STOP)
BYRN	Byrne State / Local Law Enforce Assist	FSID	Forensic Sciences Improvement Discretionary	PSNC	Project Safe Neighborhood - Central	VOCA	Victims of Crime Act
CJAS	Child Justice Act	FVPS	Family Violence Preventive Services	PSNN	Project Safe Neighborhood - Northern	JAG	Justice Assistance Grant
DVCV	Rural Domestic Violence / Child Victim	LLEB	Local Law Enforcement Block Grant	RSAT	Residential Sub Abuse Treatment		

STATE PROJECT ACRONYMS

CCA	Career Criminal Apprehension	EMT	Evidentiary Medical Training	PPD	Public Prosecut/Defend - Fund 0241	SHO	Serious Habitual Offender
CCR	Community Crime Resistance	FV	Family Violence	RCP-GF	Rape Crisis Program- Gen Fund	VDI	Vertical Defense of Indigents
CSAE	Child Sexual Abuse / Exploitation	GVS	Gang Violence Suppression	RCP	Rape Crisis Program - Fund 0425	VLRC	Victims Legal Resource Center
CSAP	Child Sexual Abuse Prev/Training	HTT	High Technology Theft	RLCP	Rural Crime Prevention	VPBG	Vertical Prosecution Block Grant
		HY	Homeless Youth				
DASS	Drug Abuse Suppression in Schools	MAGE	Multi-Agency Gang Enforcement	RP	Rape Prevention	VWA	Victim Witness Assistance
DV	Domestic Violence	PPD-GF	Public Prosecut / Defend - Gen Fund	RPED	Rape Prevention - Education	WOM	War on Methamphetamine
						YET	Youth Emergency Telephone

(12) JUSTIFICATION FOR MODIFICATION

(13) LOCAL APPROVAL SIGNATURES			
PROJECT DIRECTOR	DATE	FINANCIAL OFFICER	DATE

(14) OES APPROVAL SIGNATURES			
PROGRAM STAFF	DATE	SECTION CHIEF	DATE
FISCAL	DATE	DEPUTY DIRECTOR	DATE

FORM 223 INSTRUCTIONS

GENERAL INSTRUCTIONS – This form must be used for the following types of modification requests:

- Budget Revisions
- Grant Extensions
- Increases/Decreases to Grant Funds
- Sole Source Requests
- Reporting Project Income
- Change of Project Director or Financial Officer
- Change in Program Objectives
- Change in Mailing Address

1. **RECIPIENT:**

Enter the recipient name as it appears on line #1 of the approved "Grant Award Face Sheet".

2. **ADDRESS:**

Enter the permanent mailing address where the recipient payments are to be mailed. Check the "NEW" box if there is a change in the address.

3. **PROJECT TITLE:**

Enter the project title as it appears on the approved "Grant Award Face Sheet".

4. **GRANT PERIOD:**

Enter the approved grant period giving the start and end dates for the grant award as shown on line #4 of the "Grant Award Face Sheet" or as revised by an approved grant award amendment.

5. **RECIPIENT AWARD NUMBER:**

Enter the recipient award number as it appears at the top of the approved "Grant Award Face Sheet".

6. **MODIFICATION NUMBER:**

Enter the number of this request. Each modification must be consecutively numbered starting with #1.

7. **CONTACT PERSON:**

Enter the person to be contacted regarding questions on this form.

8. **E-MAIL ADDRESS:**

Enter the e-mail address for the contact person.

9. **PHONE NUMBER:**

Enter the phone number for the contact person.

10. **FAX NUMBER:**

Enter the fax number for the contact person.

11. **REVISION TO BUDGET:**

If this modification affects the budget, enter the current allocation, proposed change, and revised allocation amounts in the applicable Federal or State columns. Enter the acronym (see chart) for the Federal grant OR State program to which the modification applies in the column heading.

12. **JUSTIFICATION FOR MODIFICATION:**

Explain the need for this modification. If requesting a revision to the budget, be specific of the funding source. If additional space is required, please attach an additional sheet.

13. **LOCAL APPROVAL SIGNATURES:**

Original signatures of the Project Director and the Financial Officer as shown on the "Grant Award Face Sheet" are required on all modification requests.

14. **OES APPROVAL SIGNATURES:**

For OES internal use only.